

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** ECRN - EMERGENCY COMMUNICATIONS REGISTERED NURSE**POLICY:** IDPH CODE 515.740

The Region 7 ECRN Education Program is designed to enhance the overall quality of pre-hospital patient care of System EMS Personnel by utilizing RNs in the role of medical control during emergency radio communication and after the provider agency has delivered the patient(s) to the receiving medical facility. An individual educated as an ECRN will function as the designee of the EMS MD and will provide appropriate medical direction according to System policy and Region 7 SMOs.

I. ECRN Class Requirements

An individual may enroll in a Region 7 ECRN Class, which consists of at least 40 hours of classroom and practical education for both adult and pediatric population, including telecommunications, Region SMOs, and System policies, are as follows:

- A. Current Registered Professional Nurse licensed in the State of Illinois.
- B. Actively employed as an RN in the Emergency Department at Silver Cross Hospital or Saint Joseph Medical Center Joliet. The applicant must have a minimum of 6 months experience in Emergency or Critical Care nursing. RNs with Guardian CCT may also be allowed to take the ECRN course in lieu of PHRN.
- C. Current ACLS and either TNS, TNCC, ITLS, or PHTLS certifications.

II. Initial System Licensure Requirements

An individual will be allowed to function as an ECRN within SCEMSS upon the following:

- A. ECRN candidate not yet licensed in Illinois (new to Silver Cross or Saint Joes):
 1. Successful completion of a Region 7 ECRN class including all pre-requisites.
 2. 8 hours of field ride time with a System ALS provider agency that must be completed **within 90 days** of course completion.
 3. Participation in ten 10 ALS radio/cellular phone ambulance runs while precepted by a System ECRN that must be completed **within 90 days** of course completion.
 4. A \$55 initial license fee made payable to IDPH in the form of a certified check or money order must be brought to the first day of ECRN class.
- B. ECRN already licensed in Illinois (new to Silver Cross or Saint Joes):
 - Completed ECRN Profile Sheet
 - Current Illinois RN license, ECRN license, and ACLS certification/card
 - Successful completion of the current Region 7 ECRN SMO exam

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III. System Re-Certification: ECRN License Renewal

An individual must successfully renew their ECRN license prior to its expiration date (every 4 years) to continue working in an SCEMSS hospital as an ECRN. Failure to renew on time will result in the ECRN repeating the full ECRN class.

PART 1 (SYSTEM): IDPH requires the EMS System verify CE and sign off on all renewals.

1. **4 hours of CE** will be awarded for submitting a required current ACLS card
2. **28 hours of CE** at a minimum is required on the System's online CE Moodle site. Complete only the quizzes marked ALS or Paramedic/RN with a passing score of 80% or higher. Quizzes marked BLS/EMT are not accepted at the RN level.
 - **NOTE:** The **ALS SMO UPDATE in April 2016 in Moodle is MANDATORY** for every RN and Paramedic in the System and counts toward the required 28 hours of Moodle CE. The Region 7 SMOs are typically revised around April every 5 years shortly after American Heart updates their information. ECRNs must complete the all SMO updates to ensure they are familiar with the Region's SMOs while giving medical direction over the radio.
 - The remaining 28 hours of required Moodle CE is the choice of the ECRN as long as it hits at least 3 months per year.
3. **Email mzanelli@silvercross.org stating hours achieved and attach a copy of your current ACLS card once a minimum of 28 hours on Moodle is complete.** The System will log into your Moodle account to verify you've completed the required hours then process your license renewal with IDPH. IDPH requires a total of 32 hours for ECRNS, which is met through the 4-hours of ACLS and 28-hours of Moodle CE.

PART 2 (IDPH): IDPH requires the ECRN to pay a \$20 fee and complete the child support and felony questions using the IDPH Renewal Notice form IDPH mails and the System emails to the ECRN. The ECRN may process this form by mail or online at the IDPH website: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/Public/Verification/Search.aspx>.

Once PART 1 & PART 2 above are logged as complete with IDPH, your license will renew. Always ensure IDPH and the System has correct email, address, phone and name change information. Any ECRN whose license has expired, **no more than 60 days** after license expiration, may still request renewal but will incur an **additional IDPH late fee of \$50.00** and may not work as an ECRN until renewed.

IV. Revocation of System Certification

An ECRN may be denied the ability to function as an ECRN in this System for failure to comply with any requirement set forth in this policy as well as other System policies, Region VII SMOs, or maintaining adequate skills as an ECRN.

EFFECTIVE DATE: 08-26-91

REVISED DATE: 02-05-19

REGION 7 EMS
ECRN COURSE APPLICATION / SYSTEM ENTRY APPLICATION
(PLEASE PRINT LEGIBLY)

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: Registering for _____ (date) ECRN Course. Licensed ECRN entering the System.

DATE: ___/___/___ FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

CELL PHONE: (____) _____ - _____ R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ___/___/___

E-MAIL (PRINT LEGIBLY): _____

HOSPITAL WHERE YOU WORK **Circle One:** Silver Cross or Saint Joes

EMS SYSTEM: Silver Cross EMS System

CIRCLE ANY THAT APPLY

ECRN EMT AEMT/EMT-I PARAMEDIC PHRN >IDPH License# _____

IF ALREADY LICENSED AS AN ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ REGION: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___ ACLS ___ Expiration date: ___/___/___

PHTLS ___ Expiration date: ___/___/___ BTLS ___ Expiration date: ___/___/___

ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATION TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL SUBMIT TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.

ER Manager or EMS Coordinator Signature/Approval

Silver Cross EMS Coordinator Signature/Approval

REGION 7 EMS
ECRN ALS RIDE TIME LOG FORM
(PLEASE PRINT)

CLINICAL FIELD EXPERIENCE / AMBULANCE RIDE-TIME
PRECEPTOR VERIFICATION REPORT FORM
(8 HOURS REQUIRED FOR NEW CANDIDATE LICENSURE)

ECRN – LAST NAME: _____, FIRST NAME: _____

HOSPITAL AFFILIATION: _____ SHIFT: _____

DATE OF RIDE TIME: _____ AGENCY: _____

STATION #: _____ UNIT # ASSIGNED TO: _____

TIME IN: _____ AM/PM TIME OUT: _____ AM/PM TOTAL HOURS LOGGED: _____

TOTAL # OF RUNS MADE: _____ # OF ALS: _____ # OF BLS: _____

NAME OF LEAD PARAMEDIC ON UNIT: _____ SYSTEM # _____

ADDITIONAL CREW MEMBERS: _____

DESCRIPTION OF EXPERIENCE AND PERFORMANCE: _____

SIGNATURE OF LEAD PRECEPTOR: _____ SYSTEM # _____

ECRN CANDIDATE SIGNATURE: _____

Return completed competency form to mzanelli@silvercross.org as this is required for ECRN licensure.

ECRN ALS Telemetry Radio Preceptor Log Form

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

ECRN Student Name _____ **Hospital affiliation** _____

ECRN Class Date _____ **Site sponsoring class** _____ **Site code #** _____

ALS Call #1 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #2 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #3 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #4 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #5 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #6 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #7 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #8 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #9 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #10 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

Return completed competency form to mzanelli@silvercross.org as this is required for ECRN licensure.

ECRN LICENSE RENEWAL SUMMARY

ECRN license renewal is a 2-part process (CE through the System and fee through IDPH). Every ECRN at Saint Joes and Silver Cross is part of Silver Cross EMS System and should review ECRN renewal on the System website www.silvercrossems.com ECRN page.

PART 1 (SYSTEM CE REQUIREMENT) is the verification and authorization of the required 32 hours of CE through the Silver Cross EMS System. The System verifies your CE, and then authorizes IDPH to renew your ECRN license.

✿ **The System requires 2 items to satisfy the 32 CE hour requirement: a copy of your current ACLS card worth 4 CE hours plus an additional 28 CE hours completed on the System’s Mandatory CE program called MOODLE.** The System’s website contains more Moodle information and the link directly to the Moodle site moodle.silvercrossems.com. The System will log into your Moodle account to verify that you’ve completed the required CE as outlined below:

- Moodle presentations must be viewed prior to completing the quizzes.
- Quizzes will only be counted for credit if scored with an 80% or above.
- ECRNs must complete quizzes marked ALS or Paramedic/RN. (EMT/BLS quizzes do not count).
- EVERY ECRN must complete the April 2016 Moodle marked “ALS SMO UPDATE” to ensure they are aware of the SMO updates in the Region for proper radio communication. This was the last SMO update and the next update should be in or around April of 2021.
- The ECRN may then choose any other monthly Moodle topics to complete the remaining required 28 hours of Moodle CE. You can do more than 28 hours but not less.

✿ Submit an email to mzanelli@silvercross.org Marilyn Zanelli, Operations Coordinator at SCEMSS stating that you’ve successfully completed the required CE (once you have) and include a picture or copy of your current ACLS card (worth 4 hours of CE)

PART 2 (IDPH FEE REQUIREMENT) is done directly with IDPH online at their website to pay the State of Illinois license renewal fee and answer their child support/felony conviction questions.

✿ Approximately 60 days prior to your ECRN license expiration, IDPH should mail you a “Renewal Notice” form. This form is mailed to the last address you had on file with them. Always ensure your address, email, and name are correctly reported to IDPH. If you do not receive this form, you may use the State License Number and PIN listed on the letter emailed to you from the System. Once you have this information, visit the IDPH website at www.idph.state.il.us/ems to answer the child support and felony conviction questions and pay your \$20 renewal fee.

✿ **Make sure you update your address and email with IDPH when you pay your fee online. Report name changes following the information on the System’s website. Because it costs nothing to report your name change, do so prior to your renewal so your license prints with your correct name. IDPH charges \$10 for corrected licenses.**

NOTE: Only once both parts 1 & 2 are logged as complete with IDPH, will your license renew. Keep your email and home address up-to-date with the System, as that is how we will communicate with you regarding your license renewal. If you need assistance with renewals after reviewing the information above and on our website, contact Marilyn at mzanelli@silvercross.org or 815-300-2900.